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FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	09/891,200
		Filing Date	June 26, 2001
		First Named Inventor	Eugene S. SMOTKIN
		Examiner Name	R. Alejandro
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1745	
TOTAL AMOUNT OF PAYMENT	(\$) 395.00	Attorney Docket No.	491712000100

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES		SEARCH FEES		EXAMINATION FEES			
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	0.00	
Design	200	100	100	50	130	65	0.00	
Plant	200	100	300	150	160	80	0.00	
Reissue	300	150	500	250	600	300	0.00	
Provisional	200	100	0	0	0	0	0.00	
2. EXCESS CLAIM FEES								
							<u>Small Entity</u>	
							Fee (\$)	
Fee Description							Fee (\$)	
Each claim over 20 (including Reissues)							50	
Each independent claim over 3 (including Reissues)							200	
Multiple dependent claims							360	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims	
<u>16</u> - 20 = <u>0</u> x <u> </u> = <u>0.00</u>							Fee (\$) Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.							<u> </u> <u>0.00</u>	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
<u>2</u> - 3 = <u>0</u> x <u> </u> = <u>0.00</u>								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
<u> </u> - 100 = <u> </u>		<u> </u>	<u> </u> (round up to a whole number) x <u> </u>		<u> </u>	<u>0.00</u>		
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							395.00	

SUBMITTED BY			
Signature	<u>Kate H. Murashige</u>	Registration No. (Attorney/Agent)	29,959
Name (Print/Type)	Kate H. Murashige	Telephone	(858) 720-5112
		Date	May 24, 2006